

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)		CLAIMS		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

SERIAL NO. _____
 FILING DATE _____
 APPLICANT(S) _____